UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/580,776	05/26/2006	Guo Liang Yang	7843P007	7128

7590   04/13/2009

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ART UNIT	PAPER NUMBER
2169	

MAIL DATE	DELIVERY MODE
04/13/2009	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

	Application No.	Applicant(s)
Office Action Summary	10/580,776	YANG ET AL.
	Examiner	Art Unit
	CECILE VO	2169

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE <u>3</u> MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.
- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1)☒ Responsive to communication(s) filed on <u>17 February 2009</u>.
2a)☐ This action is **FINAL**.   2b)☒ This action is non-final.
3)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4)☒ Claim(s) <u>1-37</u> is/are pending in the application.
    4a) Of the above claim(s) _____ is/are withdrawn from consideration.
5)☐ Claim(s) _____ is/are allowed.
6)☒ Claim(s) <u>1-37</u> is/are rejected.
7)☐ Claim(s) _____ is/are objected to.
8)☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9)☐ The specification is objected to by the Examiner.
10)☐ The drawing(s) filed on _____ is/are: a)☐ accepted or b)☐ objected to by the Examiner.
    Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
    Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
11)☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12)☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
    a)☐ All   b)☐ Some * c)☐ None of:
      1.☐ Certified copies of the priority documents have been received.
      2.☐ Certified copies of the priority documents have been received in Application No. _____.
      3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).
    * See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☒ Notice of References Cited (PTO-892)
2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
3) ☒ Information Disclosure Statement(s) (PTO/SB/08)
    Paper No(s)/Mail Date <u>02/17/2009</u>.

4) ☐ Interview Summary (PTO-413)
    Paper No(s)/Mail Date. _____ .
5) ☐ Notice of Informal Patent Application
6) ☐ Other: _____.

DETAILED ACTION

Continued Examination Under 37 CFR 1.114

1.		A request for continued examination under 37 CFR 1.114, including the fee set forth in 37 CFR 1.17(e), was filed in this application after final rejection. Since this application is eligible for continued examination under 37 CFR 1.114, and the fee set forth in 37 CFR 1.17(e) has been timely paid, the finality of the previous Office action has been withdrawn pursuant to 37 CFR 1.114. Applicant's submission filed on 02/17/2009 has been entered.

2.		Claims 1-37 are pending as amended on 02/17/2009, with claims 1, 21 and 37 being independent.

3.		New grounds of rejection are provided based on the arguments.

Double Patenting

4.		A rejection based on double patenting of the "same invention" type finds its support in the language of 35 U.S.C. 101 which states that "whoever invents or discovers any new and useful process ... may obtain a patent therefor ..." (Emphasis added). Thus, the term "same invention," in this context, means an invention drawn to identical subject matter. See *Miller v. Eagle Mfg. Co.*, 151 U.S. 186 (1894); *In re Ockert*, 245 F.2d 467, 114 USPQ 330 (CCPA 1957); and *In re Vogel*, 422 F.2d 438, 164 USPQ 619 (CCPA 1970).

A statutory type (35 U.S.C. 101) double patenting rejection can be overcome by canceling or amending the conflicting claims so they are no longer coextensive in scope. The filing of a terminal disclaimer <u>cannot</u> overcome a double patenting rejection based upon 35 U.S.C. 101.

5.   Claims 1, 7-11, 21-22, 32 and 37 are rejected under 35 U.S.C. 101 as claiming the same invention as that of claims 1, 4-9, 21-23, 34 and 35 of prior U.S. Patent No. 7,047,235. This is a double patenting rejection.

The following table shows the claims in the instant application that are rejected by corresponding claims in Patent Number 7,047,235.

INSTANT APPLICATION: **10/580,776**	*Patent Number: **7,047,235***
1. A method for retrieving medical images from various sources and in different formats, to enable the creation of teaching files and research datasets, for the building of a personal medical image library, the method comprising: (a) directly retrieving a plurality of medical images from various sources; (b) storing the plurality of medical images in a database; (c) generating a database record for the teaching files and research datasets; (d) generating the teaching files and research datasets using at least one medical image of the plurality of medical images and additional information input by a user, the teaching files and research datasets being compliant with at least one predetermined schema; (e) saving the teaching files and research datasets into the database;	*1. A computer-implemented method for retrieving medical images from an existing images archive and automatically creating at least one teaching file, comprising:* *retrieving at least one medical image and associated patient-specific information from the existing image archive;* *storing the retrieved medical image and associated information in a database;* *automatically generating a database record for the at least one teaching file based upon the retrieved image and associated information;* *automatically generating the at least one teaching file based upon the automatically generated database record;* *storing the generated at least one teaching file into the database; and*

(f) generating at least one index of the teaching files and research datasets; and (g) automatically anonymizing patient identification data when the at least one medical image is retrieved from the various sources.	*generating at least one index of the stored teaching files.* *4. A method as claimed in claim 1; wherein the associated patient-specific information includes sensitive information, and further comprising automatically anonymizing the sensitive information.*
7. The method as claimed in claim 1, wherein the automatic anonymizing of patient identification data includes e replacing of each item of the patient identification data with an anonymization code.	*5. A method as claimed in claim 4 wherein the automatically anonymizing comprises replacing each item of the sensitive information with an anonymization code.*
8. The method as claimed in claim 7, wherein the anonymization code includes a prefix, a randomly generated number and a type.	*6. A method as claimed in claim 5; wherein the anonymization code comprises a randomly generated number, a prefix and a type.*
9. The method as claimed in claim 8, wherein the prefix is a short string of characters representing the generator of the sensitive information; and the type represents nature of the sensitive information.	*7. A method as claimed in claim 6; wherein the prefix is a short string of characters indicating the creator of the sensitive information, and the type indicates a nature of the sensitive information.*
10. The method as claimed in claim 1, wherein a check is first performed to determine if the item of sensitive information has previously been anonymized and the anonymization code previously generated; and, if yes, retrieving and using the previously generated anonymization code.	*8. A method as claimed in claim 5, further comprising: determining if an item of sensitive information has previously been anonymized and an associated anonymization code previously generated; and, when it is determined that the sensitive information has previously been anonymized, retrieving and using the previously generated anonymization code.*
11. The method as claimed in claim 1, wherein the sensitive information includes one or more items selected from the group consisting of : patient's name, patient ID, other patient's names, other patient IDs, patient's birth name, patient's address, patient's telephone numbers, patient's mother's birth name, region of residence, country of residence, military rank, branch of service, patient comments, additional patient history, referring physician's name, referring physician's address, referring physician's telephone numbers, and all other person names.	*9. A method as claimed in claim 4; wherein the sensitive information includes one or more items selected from the-a group consisting of: patient's name, patient ID, other patient's names, other patient IDs, patient's birth name, patient's address, patient's telephone numbers, patient's mother's birth name, region of residence, country of residence, military rank, branch of service, patient comments, additional patient history, referring physician's name, referring physician's address, referring physician's telephone numbers, and all other person names.*

21. An apparatus for retrieving medical images from various sources and in various formats for creating at least one teaching file and research dataset; the apparatus comprising: a database for storing the at least one teaching file and research dataset in a generated database record, an image retrieval interface configured to directly retrieve medical images from various sources and in different formats, an MIRC server configured to provide an MIRC file storage service for the database and for a user' s machine automatically anonymizing patient identification data based upon the at least one medical image retrieved from the various sources, a graphic user interface for operation on a user's machine to communicate with the MIRC server; and a web server to service requests from the graphic user interface.	*22. An apparatus for retrieving medical images from an existing image archive and automatically creating at least one teaching file, comprising:* *a database; an image server configured to retrieve at least one medical image and associated patient-specific information from the existing image archive, and to store the retrieved image and associated information in the database; a MIRC server configured to provide access to the at least one teaching file automatically generated based upon the retrieved image and associated information; a web server; and a graphic user interface for operation on a user's machine.*
22. The apparatus as claimed in claim 21, wherein the database is a relational database for storage of all required information, including: database tables; database indexes; database scripts; and pointers to the medical images, teaching files and research datasets.	*23. Apparatus as claimed in claim 22 wherein the database is a relational database for storage of information, including database tables, database indexes, database scripts, and pointers to medical images and teaching files.*
32. The apparatus as claimed in claim 21, wherein the at least one teaching file is in accordance with a Medical Imaging Resource Centre standard.	*34. Apparatus as claimed in claim 22 wherein the at least one teaching file is automatically generated in accordance with a Medical Imaging Resource Centre standard.*
37. A computer useable medium comprising a computer program code that, when executed, is configured to control a computer processor to (a) retrieve medical images from various sources and in different formats; to enable the creation of teaching files and research datasets, for the building of a personal medical image library, by: directly retrieving a plurality of medical images from various sources; storing the plurality of medical images in a database; generating a database record for the teaching files and research datasets using at least one medical image of the plurality of medical images and additional information input by	*35. A computer useable medium comprising a computer program code that, when executed, is configured to control a computer processor to retrieve medical images from an existing image archive and automatically create at least one teaching file, by performing: retrieving at least one medical image and associated patient-specific information from the existing image archive; storing the retrieved medical image and associated information in a database; automatically generating a database record for the at least one teaching file based upon the retrieved image and associated information; automatically generating the at least*

a user, the teaching files and research datasets being compliant with at least one predetermined schema; saving the teaching files and research datasets into the database; generating at least one index of the teaching files and research datasets; and automatically anonymizing patient identification data when the at least one medical image is retrieved from the various sources.	*one teaching file based upon the automatically generated database record; storing the generated at least one teaching file into the database; and generating at least one index of the stored teaching file.*

Claim Objections

6.   Claim 7 is objected to because of the following informalities: the term "e

replacing" in line 2 should be changed to -- a replacing--. Appropriate correction is

required.

Claim Rejections - 35 USC § 101

7.   35 U.S.C. 101 reads as follows:

> Whoever invents or discovers any new and useful process, machine, manufacture, or composition of matter, or any new and useful improvement thereof, may obtain a patent therefor, subject to the conditions and requirements of this title.

8.   Claims 21- 37 is rejected under 35 U.S.C. 101 because the claimed invention is

directed to non-statutory subject matter.

Claim 37 recites a computer useable medium. However, the phrase "*computer*

useable medium" would reasonably be interpreted as transmission media such as signals

and carrier waves. As such, the claim is drawn to a form of energy. Energy is not one

of the four categories of invention and therefore this claim(s) is/are not statutory.

Energy is not a series of steps or acts and thus is not a process. Energy is not a

physical article or object and as such is not a machine or manufacture. Energy is not a

combination of substances and therefor not a composition of matter. Therefore, claim

37 is considered to be non-statutory under 35 U.S.C. 101.

Claims 21-36 are rejected under 35 U.S.C. 101 because claims 21-36 contain no

hardware. Thus, the claims lack the necessary physical articles or objects to constitute

a machine or a manufacture within the meaning of 35 USC 101. They are clearly not a

series of steps or acts to be a process nor are they a combination of chemical

compounds to be a composition of matter. As such, they fail to fall within a statutory

category. They are, at best, functional descriptive material *per se*.

Claim Rejections - 35 USC § 103

9.   The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all

obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set
> forth in section 102 of this title, if the differences between the subject matter sought to be patented and
> the prior art are such that the subject matter as a whole would have been obvious at the time the
> invention was made to a person having ordinary skill in the art to which said subject matter pertains.
> Patentability shall not be negatived by the manner in which the invention was made.

10.   Claims 1-37 are rejected under 35 U.S.C. 103(a) as being unpatentable over

Shimura, Patent Number 7,374,077, and further in view of Smirniotopoulos et al, Patent

Number US 7,080,098 (hereinafter referred to as "Smirniotopoulos").

Regarding claim 1, Shimura discloses a method for retrieving medical images

from various sources and in different formats, to enable the creation of teaching files

and research datasets, for the building of a personal medical image library (see

abstract), the method comprising:

(a) directly retrieving a plurality of medical images from various sources (e.g. the

image input receives input from a plurality of client terminals (as *sources*) connected to

the image input means by way of a network, col. 2, lines 49-52);

(b) storing the plurality of medical images in a database (e.g. image database

which stores a number of pieces of image data representing a number of images, col. 1,

line 67 through col. 2, lines 1-2);

(c) generating a database record for the teaching files and research datasets

(e.g. case database 20 in Figure 1, comprises an image database 20a which stores a

number of pieces of image data representing a number of images and a diagnostic

database 20b which stores pieces of diagnostic data related to the pieces of image data

stored in the image database 20a, col. 5, lines 33-37);

(d) generating the teaching files and research datasets file (e.g. to arrange the

image database (as *research data file*) to store a number of pieces of image data

together with position information representing the position of the object of the image

represented by the image data, col. 3, lines 16-19; and the "feature value" is an index

on the basis of the degree of malignancy of a detected abnormal shadow, col. 2, lines

31-33);

(e) saving the teaching files and research datasets into the database (col. 5, lines 33-37); and

(f) generating at least one index of the teaching files and research datasets (e.g. the "feature value" is an index on the basis of the degree of malignancy of a detected abnormal shadow, col. 2, lines 31-33).

Shimura does not explicitly disclose the following:

(g) automatically anonymizing patient identification data when the at least one medical image is retrieved from the various sources.

Smirniotopoulos teaches: automatically anonymizing patient identification data when the at least one medical image is retrieved from the various sources (e.g. multiple levels of security and access control schemes may be used where more sensitive information is being stored. Thus, multiple levels of privileges may be supported, such as for an author of a file, a reviewer, an editor, a guest, and system administrator. The level of privileges may also vary based upon the state of the file and the particular information being manipulated, col. 3, lines 37-41). Therefore, it would have been obvious to one of ordinary skill in the art at the time the invention was made to modify the similar image search system disclosed by Shimura to include a medical image storage and retrieval system as shown by Smirniotopoulos in order to be balanced against the complexity of administering multilevel access (Smirniotopoulos: col. 3, lines 61-63).

Regarding claim 2, Shimura discloses the method further including a searching

mechanism for searching the teaching files and research datasets (e.g. searching

means 30 which searches the case database and judges image data, col. 5, lines 22-23

and lines 27-28)

Regarding claim 3, Shimura further discloses, the medical images are from at

least one discipline selected from the group consisting of radiology, nuclear medicine,

dermatology, pathology, ophthalmology, cardiology, neurology, endoscopy,

angiography, biomedicine, ECG, EEG, and EMG (col. 5, lines 60-67 through col. 6, lines

1-2).

Regarding claim 4, Shimura further discloses, the method is in accordance with

MIRC schema (e.g. image search system, Figure 1).

Shimura does not disclose anonymizing patient sensitive information regarding

claims 5-15.

Smirniotopoulos teaches:

the patient sensitive information is not revealed publicly (e.g. even though a

person acted as both author and editor of a given file, it is possible that after approval

he could be restricted to visitor status with respect to certain file access, and may lack

even these privileges with respect to portions of the file, col. 3, lines 55-61).

The patient identification data is able to be revealed to a generator of the
teaching files and research datasets (e.g. the system may be designed to mask the
processes, or options within a given process, for which a user does not have sufficient
privileges, col. 4, lines 5-7).

the automatic anonymizing of patient identification data process includes a
replacing of each item of the sensitive information with an anonymization code (col. 4,
lines 41-57).

the anonymization code includes a prefix, a randomly generated number and a
type (col. 4, lines 5-7).

the prefix is a short string of characters representing the generator of the
sensitive information; and the type represents nature of the sensitive information (e.g.
Figure 7 illustrates an alternative implementation in which conditional information like
codes and non-private patient information are displayed for rapid browsing of the
retuned results, col. 8, lines 66-67 through col. 9, lines 1-2).

Regarding claim 10, Smirniotopoulos further discloses, a check is first performed
to determine if the item of sensitive information has previously been anonymized and
the anonymization code previously generated; and, if yes, retrieving and using the
previously generated anonymization code (col. 6, lines 53-62),

Regarding claim 11, Smirniotopoulos further discloses, the sensitive information
includes one or more items selected from the group consisting of: patient's name,

patient ID, other patient's names, other patient IDs, patient's birth name, patient's

address, patient's telephone numbers, patient's mother's birth name, region of

residence, country of residence, military rank, branch of service, patient comments,

additional patient history, referring physician's name, referring physician's address ,

referring physician's telephone numbers, and all other person names (e.g. patient's file,

col. 3, lines 59-61).

Regarding claim 12, Smirniotopoulos further discloses, wherein, in step (c), ACR

codes are entered as a result of system prompts (col. 4, lines 41-44).

Regarding claim 13, Smirniotopoulos further discloses, the ACR codes are used

for the at least one index of the teaching files (col. 5, lines 60-67- col. 6, lines 1-2).

Regarding claim 14, Smirniotopoulos further discloses, indexing is by at least one

selected from the group consisting of: title, abstract, keywords, authors, affiliations,

contacts, patient information, radiological codes, image format, image compression

status, image modality, anatomic location, and ACR codes (col. 6, lines 10-20).

Regarding claim 15, Smirniotopoulos further discloses, for internal searching,

patient sensitive information is revealed, and for external searching patient sensitive

information is anonymized (col. 7, lines 14-20).

Therefore, it would have been obvious to one of ordinary skill in the art at the

time the invention was made to modify the similar image search system disclosed by

Shimura to include a medical image storage and retrieval system as shown by

Smirniotopoulos in order to be balanced against the complexity of administering

multilevel access (Smirniotopoulos: col. 3, lines 61-63).

Regarding claim 16, Shimura discloses, after each medical image is retrieved in

step (a) it can be viewed before being stored (col. 10, lines 37-43).

Regarding claim 17, Shimura further discloses, all medical images are kept in

their original format once retrieved (col. 2, lines 57-59).

Regarding claim 18, Shimura further discloses the formats include at least one

selected from the group consisting of: AVW, HDR/IMG (Analyze format version 8.0 and

7.5), BMP (Windows Bitmap format), DICOM (Digital Imaging and Communications in

Medicine), GIF, JPEG, JPEG 2000, PNG, PNM, PPG, RGB, RGBA, SGI, TIFF, AVW,

HDR/IMG (Analyze format version 8.0 and 7.5), Animated GIF, MIRA, Muti-sliced TIFF,

MOV, AVI, MP3, RM, and Waveform for ECG, EEG, EMG (e.g. it is possible to arrange

the image database to store a number of pieces of image data together with related

information given thereto, col. 2, lines 57-59. It's understood that one of the formats is

needed to store or save an image to image database).

Regarding claims 19 and 20, Shimura does not disclose, for two-dimensional

medical

images, two additional JPEG images are generated for ease of browsing using a web

browser, and for other image formats, an additional thumbnail image may be generated.

and the two additional JPEG images are of the same size as thumbnail images.

Smirniotopoulos discloses: for two-dimensional medical images, two additional

JPEG images are generated for ease of browsing using a web browser, and for other

image formats, an additional thumbnail image may be generated (e.g. To simplify the

user's process of inputting this information a wide variety of media formats may be

accepted. However, the multimedia database system preferably includes appropriate

image converters for resizing or formatting the image into one of a selected group of

formats for consistency. It is also desirable for the system to have the capability of

automatically generating thumbnail images at this point, making subsequent display and

browsing more convenient for users, col. 5, lines 16-24). Smirniotopoulos further

disclose, the two additional JPEG images are of the same size as thumbnail images

(see Figs. 7B, 9A and 9C).

Therefore, it would have been obvious to one of ordinary skill in the art at the

time the invention was made to modify the similar image search system disclosed by

Shimura to include the capability of automatically generating thumbnail images as

shown by Smirniotopoulos in order to make subsequent display and browsing more

convenient for users.

Regarding claim 21, Shimura discloses an apparatus for retrieving medical

images from various sources and in various formats for creating at least one teaching

file and research dataset; the apparatus comprising:

a database for storing the at least one teaching file and research dataset in a

generated database record (e.g. image database which stores a number of pieces of

image data representing a number of images, col. 1, line 67 through col. 2, lines 1-2),

an image retrieval interface configured to directly retrieve medical images from

various sources and in different formats (e.g. the image input receives input from a

plurality of client terminals (as *sources*) connected to the image input means by way of a

network, col. 2, lines 49-52),

an MIRC server configured to provide an MIRC file storage service for the

database (e.g. image search system (server) comprises a case database which stores

images data, col. 7, lines 52-58),

a graphic user interface for operation on a user's machine to communicate with

the MIRC server (col. 2, lines 46-54); and

a web server to service requests from the graphic user interface (e.g. image

search system with network means an INTRANET in the hospital, internet , a leased

line, and the like, col. 2, lines 47-56).

Shimura does not explicitly disclose the following:

for a user's machine automatically anonymizing patient identification data based

upon the at least one medical image retrieved from the various sources.

Smirniotopoulos teaches: automatically anonymizing patient identification data

when the at least one medical image is retrieved from the various sources (e.g. multiple

levels of security and access control schemes may be used where more sensitive

information is being stored. Thus, multiple levels of privileges may be supported, such

as for an author of a file, a reviewer, an editor, a guest, and system administrator. The

level of privileges may also vary based upon the state of the file and the particular

information being manipulated, col. 3, lines 37-41). Therefore, it would have been

obvious to one of ordinary skill in the art at the time the invention was made to modify

the similar image search system disclosed by Shimura to include a medical image

storage and retrieval system as shown by Smirniotopoulos in order to be balanced

against the complexity of administering multilevel access (Smirniotopoulos: col. 3, lines

61-63).

Regarding claim 22, Smirniotopoulos further discloses, the database is a

relational database for storage of all required information, including: database tables;

database indexes; database scripts (e.g. a medical image storage and retrieval system

includes a database with relationally linked tables including a disease factoid table, an

image and image caption table, and a patient data table, see abstract); and pointers to

the medical images, teaching files and research datasets (Fig. 7B). Therefore, it would

have been obvious to one of ordinary skill in the art at the time the invention was made

to modify the similar image search system disclosed by Shimura to include relationally

linked tables as shown by Smirniotopoulos in order for rapid browsing of the results,

along with appropriate links to additional information.

Regarding claim 23, Shimura discloses, wherein the server serves requests

received from a user via the graphic user interface on a user's machine; the graphic

user interface being for providing access functions and file editing functions (e.g. image

search system with network means an INTRANET in the hospital, internet, a leased

line, and the like, col. 2, lines 47-56).

11.   Claims 24-28 are rejected under 35 U.S.C. 103(a) as being unpatentable over

Shimura, Patent Number 7,374,077, and further in view of Stefanescu et al., Publication

Number US 2003/0013951 (hereinafter referred to as "Stefanescu").

Regarding claims 24-29, Shimura does not disclose the following:

the image server includes at least one selected from the group consisting of: a

two dimensional image loader, a three dimensional image loader, a multi-media loader

and a telemetry loader.

the two-dimensional image loader is for retrieving two-dimensional still images.

the three-dimensional image loader is for retrieving three-dimensional still

images.

the multi-media loader is for retrieving multi-media files (§0043, line 1-3).

the telemetry loader is for retrieving telemetry data (§0043, lines 1-3).

and

the graphic user interface includes a PMIL client as a user interface able to run in a web browser or as a stand alone application on a user's machine, and provides MRIC editing functions

Stefanescu discloses: an image database containing images pre-processed for matching. Atlas matching may be provided, such as in the atlas workspace, in which images may be retrieved that match the position (in one, two, or three reference planes) being viewed in, or selected within, a three-dimensional object displayed within the atlas (§0058, lines 5-11). Wherein, image database is included in the database server (§0043, lines 7-8); and the image database may includes a atlas workspace of user interfaces as an image loader in which images may be retrieved (§0043, lines 9-10 and §0053). Stefanescu further discloses, the graphic user interface includes a PMIL client as a user interface able to run in a web browser or as a stand alone application on a user's machine, and provides MRIC editing functions (§0053-§0054). Therefore, it would have been obvious to one of ordinary skill in the art at the time the invention was made to modify the similar image search system disclosed by Shimura to include a user interface for a medical image processing system as shown by Stefanescu to distributed image processing functions in any suitable manner between a client device and one or more servers..

Regarding claim 30, Shimura further discloses, wherein the server includes an MIRC storage for providing an MIRC file storage service for the database and for the

user's machine (e.g. case database 20 in Figure 1).

Regarding claim 31, Shimura further discloses, wherein the MIRC server further includes an MIRC query to provide queries as defined by the MIRC scheme (e.g. a searching means which searches the database for similitude image data representing an image which is similar to an image represented by the input search image, col. 2, lines 6-9).

Regarding claim 32, Shimura further discloses, wherein the at least one teaching file is in accordance with a Medical Imaging Resource Centre standard (col. 5, lines 55-59).

Claims 33-36 are similar to claims 17-20; therefore, claims 33-36 are rejected by the same reasons as discussed above.

Claim 37 has the same functions with claim 1. Therefore, claim 37 is rejected by the same reasons as discussed above.

Conclusion

Any inquiry concerning this communication or earlier communications from the examiner should be directed to CECILE VO whose telephone number is (571)270-3031. The examiner can normally be reached on Mon - Thu (9AM - 5:00PM EST).

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Tony Mahmoudi can be reached on 571-272-4078. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

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April 7, 2009   /Cecile Vo/
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